Cumston

With the writer's compliments.

A CASE OF OLD DISLOCATION OF THE ELBOW JOINT IN A CHILD—OPERATION—RECOVERY

BY

CHARLES GREENE CUMSTON, M.D.,

BOSTON, MASS.

FROM

PEDIATRICS

VOL. VII. No. 7, 1899.

A CASE OF OLD DISLOCATION OF THE ELBOW JOINT IN A CHILD—OPERATION—RECOVERY.*

By Charles Greene Cumston, M.D.,
Boston, Mass.

Assistant Professor of Surgical Pathology in the Faculty of Medicine of Tuft's College.

THE case that I have the honor to report is interesting, firstly as to the pathologic findings, and, secondly, in the good result obtained by operative measures in old dislocations of the elbow. Bertha K., age 11 years, fell in the first part of February, 1897, striking on her left arm, and sustained a backward dislocation of the elbow.

The patient was first seen on April 12, 1897, just eight weeks after the injury had occurred. Careful examination showed that the elbow joint was ankylosed and practically entirely useless. The forearm formed an angle of about 130° with the arm. The olecranon could be seen projecting directly backwards, while the trochlea humeri could be distinctly made out by palpation in the bend of the elbow.

The patient was put under ether narcosis, and forcible reduction was attempted, but after several unsuccessful trials it was abandoned and an operation was decided upon.

On April 14 ether was again given, and artificial anemia of the limb was obtained with Esmarch's band. Allier's incision for resection of the elbow was made, and the ends of the bones composing the joint were freely exposed and found in good condition. The bones had formed adhesions with the capsule of the joint. These adhesions extended from the anterior aspect of the bones of the forearm to the posterior aspect of the humerus, at which point they were particularly extensive and thick.

On the inner aspect of the humerus and a little above the external epicondyle a pyramidal-shaped process of bone had formed, which extended to the head of the radius and was the cause of preventing the motion of the forearm.

* Read by title before the Surgical Society of Belgium, March 24, 1899.

This long prominence, or, more correctly, exostosis, was chiseled off, the adhesions broken down, and the capsule excised, after which the dislocation was easily reduced. The forearm was flexed at right angles with the arm, and the joint was packed with sterilized subgallate of bismuth gauze and the skin incision closed with silk. The limb was placed in a pasteboard splint.

The following day the child complained of considerable pain in the joint and there was a slight edema of the hand, but both symptoms disappeared within twenty-four hours.

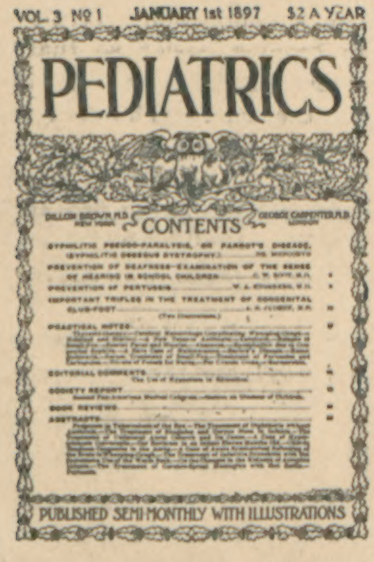
The dressings were removed on the fifth day, and the gauze packing was taken out of the joint; the gauze was perfectly dry. On the tenth day the skin sutures were removed and the incision had united per primam.

On the twentieth day we began passive movements of the joint, which were very painful and difficult to make, but little by little movement became easier, so that within five weeks from the time of operation the forearm could be made to make an angle of 32° with the arm. The faradic current was then begun and given daily for eight weeks.

Seven months after the operation, when the patient was last seen, the forearm was somewhat pronated, the movements of supination were a little limited but pronation was perfect. Active extension could be made to an angle of 125° and flexion reached nearly 60°.

The child could use her arm, so that she was practically in no way inconvenienced, and the result obtained was in every way satisfactory.

871 Beacon Street.


VOL. 3 Nº 1 JANUARY 1st 1897 $2 A YEAR

PEDIATRICS

CONTENTS

SYPHILITIC PSEUDO-PARALYSIS, OR PARROT'S DISEASE, (SYPHILITIC OSSEOUS DYSTROPHY.)

PREVENTION OF DEAFNESS—EXAMINATION OF THE SENSE OF HEARING IN SCHOOL CHILDREN

PREVENTION OF PERTUSSIS

IMPORTANT TRIFLES IN THE TREATMENT OF CONGENITAL CLUB-FOOT

PRACTICAL NOTES

EDITORIAL COMMENTS

SOCIETY REPORT

BOOK REVIEWS

ABSTRACTS

PUBLISHED SEMI-MONTHLY WITH ILLUSTRATIONS